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ABSTRACT

This resource guide brings together the latest available information on Latino adolescent violence prevention efforts and existing resources in Latino communities. It seeks to help maternal and child health (MCH) professionals better address the specific needs of Latino youth and their families by presenting ethnic-specific factors for violence-prevention practice, policy, and research. The guide opens with a demographic profile of Latinos and a discussion of the impact of violence on Latino youth. It outlines the risk factors for violence in Latino communities and considers the role of culture in risk and resiliency. Developing effective violence prevention programs for Latino youth is addressed, as are the roles of MCH and other public health professionals. A list of selected Latino organizations with model programs addressing youth violence contains contact information. (Contains 52 references.) (SLD)

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YOUTH VIOLENCE PREVENTION IN LATINO COMMUNITIES:

A RESOURCE GUIDE FOR MCH PROFESSIONALS

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A RESOURCE GUIDE FOR MCH PROFESSIONALS

JULY 1999

Children's Safety Network

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Children's Safety Network (CSN) is a national resource center for child and adolescent injury prevention. Funded by HRSA's Maternal and Child Health Bureau, CSN consists of four sites that provide technical assistance to state and local public health professionals, especially those providing maternal and child health services.

The primary writer was Joan Serra Hoffman. The following individuals contributed to this document: Rebecca Atnafou, José Carneiro, Larry Cohen, Jennifer Davis-Kay, Edward De Vos, Thuy Duczakowski, Consie English, Lois Fingerhut, Susan Gallagher, Anara Guard, Chris Hanna, Dan Isaacson, David Lawrence, Cathy Lee, Robert Lucero, Stephanie Malloy, Jeanine Merrigan, Chris Miara, Lenora Olson, Lotika Paintal, Michael Rodriguez, Jennifer Roscoe, Fernando Soriano, and the National Latino Children's Institute.

Additional copies of this document can be obtained by contacting:

National Maternal and Child Health Clearinghouse
2070 Chain Bridge Road, Suite 450
Vienna, VA, 22182-2536
(703) 356-1964; fax (703) 821-2098
www.nmchc.org

For information on the Children's Safety Network or this publication, contact:

Children's Safety Network
Education Development Center, Inc.
55 Chapel Street, Newton, MA, 02458-1060
(617) 969-7100, ext. 2207; fax (617) 244-3436
www.edc.org/HHD/csn

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INTRODUCTION

Latinos are one of the largest, youngest, and fastest-growing ethnic groups in the United States. Like other ethnic groups, young Latinos bear a disproportionate share of violence-related morbidity and mortality. Homicide is the second leading cause of death among Latino adolescents.

As Latinos become an increasingly significant presence in the United States, the needs of maternal and child health (MCH) and public health researchers, policymakers, and practitioners for relevant and accurate information on Latino children and youth will only increase. Similarly, the need to develop, implement, and evaluate Latino violence prevention programs and policies will grow as well. MCH practitioners need to ask what can be learned from the social and cultural strengths of Latinos as a group and from the experience of particular Latino subgroups that can help promote a healthier and safer society for all.

This resource guide brings together the latest available information on Latino adolescent violence prevention efforts and existing resources in Latino communities. It seeks to help MCH professionals better address the specific needs of Latino youth and their families by presenting ethnic-specific factors for violence prevention practice, policy, and research.

DEFINING LATINO/HISPANIC

Latino and Hispanic are generic terms for persons of Latin American origin or descent living in the United States. "Hispanic" is the term most U.S. Government publications use to describe this group, yet "Hispanic" has no firm historical link to the people it describes, and the term "Latino," being of Latino American descent, has gained increasing acceptance. "Latino" and "Hispanic" are used interchangeably in this publication.

Latinos/Hispanics are a multi-ethnic group reflecting a diversity of nationalities, educational backgrounds, and socioeconomic status. They defy racial categorization because they are neither a racial group themselves nor exclusively part of another. Latinos/Hispanics are a heterogeneous population comprised of various subpopulations with different histories and origins, who share a common influence, language, and experience with Spanish colonialism.

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DEMOGRAPHIC PROFILE OF LATINOS

The health and safety of Latinos is an issue of growing concern to MCH professionals, as this population increases in size in many parts of the country. To develop effective programs targeting Latinos, it is essential to understand their social, economic, and educational characteristics, as well as the similarities and differences among subpopulations.

- The Latino population has been growing at eight times the rate of the non-Latino population: As of the end of 1998, Latino children outnumbered African American children. By 2050, Latinos will comprise 31 percent of the child population.*
- By 2005, Latinos are projected to be the largest ethnic group in the United States.

Latinos comprise about 11 percent of the total U.S. population, living in all 50 States, the Commonwealth of Puerto Rico, and U.S. territories. About 85 percent of the Latino population resides in eight States: Arizona, California, Colorado, Florida, Illinois, New Mexico, New York, and Texas. The three largest Latino subgroups tend to be concentrated in different geographic areas:

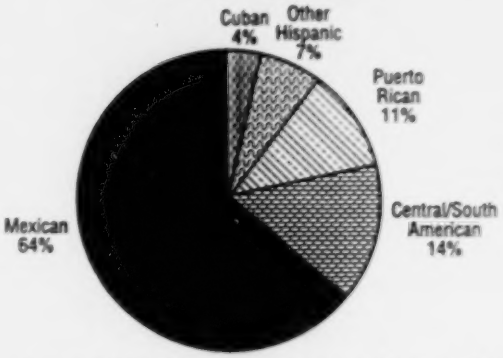
- People of Mexican origin are concentrated in California and Texas, but also have a large community in metropolitan Chicago.
- Cuban Americans have settled in Florida; Miami is the intended residence for three-quarters of all U.S. immigrants from Cuba.
- Puerto Ricans form a large proportion of the Latino population in the metropolitan areas of the Northeast and New York.

*This growth is due to more accurate counting of Latinos, high fertility rates, a higher percentage of childbearing women compared to non-Latinas, and increased legal immigration, with a small percentage caused by illegal immigration. Live births and legal immigration are projected to account for approximately 90 percent of the growth of the Latino population by 2050.

Latinos are an overwhelmingly urban population: About 90 percent of Latinos lived in metropolitan areas in 1990, compared with 76 percent of non-Latinos.[1] However, in the last decade new Latino immigrants and refugees have increasingly contributed to the labor force in rural and suburban areas throughout the United States, expanding Latinos' geographic presence and influence across the country.

Contrary to popular perception that most Latinos are immigrants, 64 percent of Latinos in the United States are born here.[2]

U.S. Hispanics by Ethnicity or National Origin, 1996



Source: Del Pinal J, Singer A. Generations of Diversity: Latinos in the United States. *Population Bulletin*. October 1997, 52.

The U.S. Latino population is young:

- The median age of Latinos in 1990 was 26 years, compared with 34 years for non-Latinos.
- In 1996, 36 percent of Latinos were children under 18, compared with 24 percent of Whites/Anglos.[1]

Latino families tend to be larger than non-Latino families. The average Latino household has 3.5 people, compared with 2.6 people in a non-Latino household.[3]

Educational attainment is one of the most troublesome challenges for Latino children of all ages:[4]

- Of all children enrolled in Head Start, 14.2 percent are Latino and 38 percent are African American, despite the fact that Latino and African American children are similarly represented among preschool children living in poverty.
- U.S. Latinos have the highest school dropout rates of any major racial and ethnic group in the United States, and they drop out at an earlier age. The 174,000 Latino youth who dropped out of high school in 1995 constituted 29 percent of school dropouts that year.
- From ages 16–17, about one in five Latinos (19.5 percent) leaves high school without a diploma, compared to 6 percent of African Americans and 7.1 percent of Whites/Anglos.
- One in every two Latinos has less than four years of high school, in contrast to one in five non-Latinos.

Latinos are quickly becoming the largest vulnerable group in the United States:

- More than one in four Latino families live in poverty, compared to one in ten non-Latino families.
- Latino poverty is persistent and increasing, characterized by low levels of education, concentration of Latinos in low-paying jobs, high participation in the informal labor market, and low participation in public assistance, health, and social welfare programs.[2]

The differences among the different Latino subgroups—in poverty, education, employment, family structure, and even age distribution—are such that inter-subgroup variation and differences are often greater than the overall differences between Latinos and non-Latinos.

				By Subgroups				
Race/Ethnic Group	**White/ Anglo**	**Black/ African American**	**Latino/ Hispanic**	**Mexican**	**Puerto Rican**	**Cuban**	**Central/ South American**	**Other Hispanic**
Percent of families living below poverty (1995)	6	26	27	28	36	16	22	20
Percent under 18 years of age (1996)	24	34	36	39	38	19	31	32
Percent with less than fifth grade education (1996)	1	2	10	13	5	6	7	5
Percent with less than ninth grade education (1996)	5	9	30	36	19	23	25	18
Median age				23.6	26.8	41.4		

Source: Del Pinal J, Singer A. Generations of Diversity: Latinos in the United States. *Population Bulletin*. October 1997; 52.

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IMPACT OF VIOLENCE ON LATINO YOUTH

Researchers studying Latino health and social and economic well-being routinely refer to both a national and local "Latino information gap" that has hampered a solid understanding of these issues. This paucity of data also applies to violence-related morbidity and mortality information on Latinos, particularly Latino youth. The extent of the problem of violence among Latino youth cannot be fully or clearly ascertained.

The National Center for Health Statistics (NCHS), however, has taken important steps to improve mortality data collection for the Latino population. In 1997, for the first time, all 50 States adopted a Hispanic ethnic identifier in their death certificates, providing future researchers and practitioners with a more accurate national picture of Latino homicide across all age groups, as well as with adequate data for analysis of all the major Latino population subgroups (Mexicans, Puerto Ricans, Cubans, and Central/South Americans).[5]

Other public health and national criminal justice data offer limited information on adolescent Latino health and violence victimization.* A 1993 review of the 21 major health data systems of the U.S. Department of Health and Human Services (DHHS) found that only the Vital Statistics Department at NCHS collected data adequate for analysis on all four major Latino population groups. Six of the 21 did not collect adequate data for Latinos as a group or for any of the subpopulations.[3]

A deeper understanding of the impact of violence on Latino youth and communities can be pieced together from available local and regional studies. The data collected in these studies, however, often focus on one Latino subgroup (depending on the region) or do not specify the subgroups comprising the aggregate data (see Regional Study Findings, p. 7).

Homicide

Homicide is the second leading cause of death among Latino adolescents and young adults. In 1995, the homicide rate for Latino youth ages 15–24 was 36.3 per 100,000, approximately six times the rate for White non-Latino youth (5.4 per 100,000).[6] When the homicide data is broken down further by Latino subgroup and sex, the differences among subgroups are underscored:

*The other primary data collection systems that report national fatal and nonfatal violent outcomes (the Federal Bureau of Investigations Uniform Crime Reports [UCR] and the Bureau of Justice Statistics National Crime Victimization Survey [NCVS] offer incomplete and variable data on Latinos. For a discussion of some of the surveillance issues that have special relevance to U.S. Latinos, see Rodriguez MA, and Brindis CD. Violence and Latino youth: Prevention and methodological issues. *Public Health Reports*. May–June 1995; 110.

Deaths by Homicide Among 15–24 Year Olds per 100,000 by Specified Hispanic Origin, Race for Non-Hispanic Origin, and Sex: Total of 49 States and District of Columbia, 1995

				By Subgroups		
	White	Black	Hispanic	Mexican	Puerto Rican	Cuban
Male	7.3	13.7	63.5	6.7	66.3	22.2
Female	3.4	17.4	6.9	6.6	7.5	1.6

Source: National Center for Health Statistics, Personal Communication, August 4, 1998.

Existing data suggest that homicide rates for both male and female Latinos are higher and may be increasing faster than for non-Latinos.[7]

Nonfatal Intentional Injuries

Across all populations, nonfatal intentional interpersonal violence occurs at far greater rates than homicide. Like homicide, nonfatal interpersonal violence also appears to occur at a higher rate among Latinos than non-Latinos. As a group, from 1979–86 Latinos experienced higher rates of violent crimes than did non-Latinos.[8] However, the available data on teenage victimization presents a contradictory picture:

- Some data show that Latino teenagers are less likely than their non-Latino peers to be victims of an assault or violent crime.[9]
- Other statistics show that the victimization rates for U.S. Latinos 12 years or older are higher than for Anglos and only slightly less than for African Americans.[10]

National school-based data indicate that a large percentage of Latino students are involved in violent incidents. In 1995, the Youth Risk Behavior Surveillance System (YRBSS), Centers for Disease Control (CDC), showed the following:

- Of male Latino high school students, 7.7 percent reported being in a fight that required medical treatment during the preceding 30 days, in contrast with 6.3 percent of African American and 4.8 percent of White students.
- Of Latina high school students, 5.1 percent reported being in a fight that required medical treatment during the preceding 30 days, in contrast with 2.8 percent of African American and 1.7 percent of White students.[11]

The increase in firearm use in acts of aggression has resulted in a growing number of severely and/or permanently injured survivors of violent assault. Cases reported

to the National Spinal Cord Injury (SCI) Database reveal that Latino and African American youth represent an increasing percentage of new SCI cases. Younger than those injured by other means, Latino and African American youth have fewer resources, less education, and less private insurance, and are more likely to be unemployed at the time of injury.[12 13] They are also more likely to have a more neurologically complete injury as a result of gun-related violence. Management of these cases is more complicated, with more post-injury high-risk behavior, depression, and hospital readmissions.

Regional Study Findings

Regional studies conducted to date point to the importance of gathering and analyzing homicide data in terms of ethnicity and subgroup, sex, age, and socioeconomic and immigration status, as well as country of origin. The significant differences in homicide rates have important implications for adolescent violence prevention and intervention initiatives and future research efforts:

- Where subgroup analysis has been conducted, substantial variation has been found in the homicide rates among Latino subgroups.[14]
- Regional studies also reveal variation in overall Latino homicide rates across cities and between the U.S. mainland and Puerto Rico.[15 16 17 18]
- While some studies find that Latino homicide rates occupy an intermediate position between those of White non-Latinos and African Americans, others document homicide rates among Latino youth that exceed those of African Americans.[17 19]
- Latino youth are often the youngest victims of homicide.[17 19 20]

RISK FACTORS FOR VIOLENCE IN LATINO COMMUNITIES

An increasing number of studies suggest that rather than being the result of one or two risk factors, violence may be the result of a number of historical, economic, social, and psychological forces that are often, but not exclusively, associated with the lives of Latino adolescents and their communities. The combination of poverty and other variables reflecting structural inequity, racism, and discrimination may place some groups at a higher risk for violence than others.

Poverty

The relationship between poverty, violence, ethnicity, and race is complex and insufficiently understood by researchers. Absolute poverty is not the primary implication for the increasing rate of violence among ethnic groups; rather, a family income that is insufficient to meet the basic needs of a given community or culture is also a risk factor. When this relative lack of income is compounded by inequity and limited access to needed resources due to discrimination and institutional racism, it may account for increased violence.[7,21,22,23,24]

Data about U.S. Latinos with regard to risk factors suggest that Latinos, and Latino youth in particular, may experience the devastating effects of violence to a greater extent than non-Latinos. Indeed, any of the demographic characteristics taken individually can predispose Latinos to violence, but it is the combination of characteristics that is most troubling to violence experts—in particular, the combination of poverty, poor education, high unemployment, and greater exposure to urban areas fraught with violence—that impede short-term solutions to problems of violence among Latinos.

Fernando I. Soriano,
Director, National Latino Research Center [23]

Among newly arrived immigrant Latinos, the notion of what constitutes "enough income" is influenced by both the society they left behind and the U.S. society they have entered.[17] For these youth, the ability to take advantage of opportunities in their environment is not only limited by lack of access, but may be further compounded by cultural conflicts.[22,24]

Low Educational Attainment

The disproportionately low educational attainment of many Latino youth places them at additional risk for violence. The highest violence victimization rates are found among those with no more than a tenth grade education.[7,26] Mexican American adolescents who dropped out of grades 6 to 12 were two to three times more likely to be victims of violence than those who continued to attend school.[26]

Access to Weapons

Although no national studies of firearm deaths among Latinos have been carried out, regional studies suggest that handguns are a significant contributor to the mortality and morbidity associated with violence in Latino communities. As in other populations, access to firearms appears to place Latinos, particularly youth, at an increased risk of homicide, violent injury, and disability.

In 1995, the CDC's Youth Risk Behavior Surveillance System (YRBSS) indicated the following:

- Latino male students were more likely than their African American or White peers to admit to carrying weapons: 36.6 percent reported carrying a club, knife, or gun at least once in the last 30 days, compared with 29.6 percent of African Americans and 30.6 percent of White non-Latinos.
- Among females, 13.2 percent carried a weapon, compared with 15.7 percent of African Americans and 5.5 percent of White non-Latinas.[11]

The first investigation to examine the weapon experience of predominantly Dominican, inner-city junior high school students (newer, less acculturated Latino immigrants) uncovered this data:

- Among seventh and eighth grade students (mean age of 12.8 years) in three New York City junior high schools, 21 percent reported carrying a weapon; most of these students said they had purchased the gun. Those who indicated that their friends carried a weapon were 16 times more likely to carry a weapon themselves.
- Forty-two percent of the students reported that a close friend or family member had been shot. These students were almost three times as likely to carry a weapon themselves and/or use a weapon on someone.[27]

Exposure to Violence

A growing body of research indicates that exposure to violence is another risk factor. Many Latino youth live in chronically violent communities characterized by high levels of poverty and population turnover. A recently completed assessment of the mental health needs of Latino youth, conducted by the Center for School Mental Health Assistance (CSMHA) with Latino leaders in the fields of child health, mental health, education, and government from four major cities (New York, Philadelphia, Baltimore, and Washington, D.C.), indicated that the most stressful conditions these youth encountered were exposure to crime and violence, poverty, and poor access to health/mental health care.*[28]

*Most participants expressed the view that mental health programs for Latino youth were markedly deficient in their communities and endorsed the concept of school mental health programs. CSMHA will enter the second phase of this research involving focus groups with Latino youth and their families, collaborating with Education-Based Latino Outreach (EBLO), a Baltimore grassroots organization.

In addition to the violence witnessed in their U.S. communities, some Latino immigrant youth have fled from terror, torture, and loss in their countries of origin. Symptoms of post-traumatic stress disorder have been reported among recent Salvadoran and Guatemalan immigrant families who have witnessed extreme danger, deprivation, and the death or disappearance of family, friends, and fellow indigenous villagers.[29]

Alcohol and Other Drug (AOD) Consumption

Latino youth are generally considered to be at great risk for alcohol and other drug consumption, due to the prevalence of risk factors in their communities. An analysis of primary data on Latinos and alcohol indicates that Latinos experience high rates of alcohol-related problems and are overrepresented among alcohol-related deaths.

However, like other health information on Latinos, this data allows only a partial understanding of the extent and impact of AOD use and its relationship to homicide and violent injury.[7,30,31]

Health, Education, and Cultural Integrity: A Coalition's Response

Cinco de Mayo remembers an important day in the struggle for Mexican sovereignty. It should be celebrated as a family time of remembrance, not as an excuse to consume large amounts of alcohol.

Eduardo Hernández
Cal Partners Project Director [32]

The *Cinco de Mayo con orgullo "Nuestra cultura no se vende"*/ Cinco de Mayo with Pride "Our Culture Is Not for Sale" campaign was launched in 1997 by Cal Partners, a statewide network of community-based substance abuse prevention coalitions and county and local health departments in California. The coalition organizes activities to promote safe celebrations, responsible marketing, and alcohol-free Cinco de Mayo events. Cal Partners educates about the true meaning of Cinco de Mayo and stresses the risk to Latino health and cultural integrity when beer promotions and other drink specials link Mexican cultural symbols to alcohol, present distorted images of Mexican culture, and use advertisements that demean Latinas. [32]

"Our Culture Is Not for Sale" was launched after Cal Partners released a report on the negative public health and social effects of alcohol on the Latino community:

- **Communities with a higher density of alcohol outlets had significantly higher levels of crime among Mexican American youth.**

- Youth crime may be more prevalent in areas with greater alcohol outlet density because the greater availability of alcohol defines the physical and social environment and leads youth to drink more. This in turn increases the chance that they will be involved in violent activities, such as gang-related behavior.

- Schoolchildren in Latino communities see up to 61 alcohol advertisements on their way to and from school each day.[34,35]

Cal Partners is developing a manual to assist other States and Latino populations in developing similar campaigns. For more information, visit their website <http://www.calpartners.org>.

CULTURE, RISK, AND RESILIENCY

Culture has been described as a "seamless web" of understanding that colors the way one sees the world, providing a framework within which an individual operates throughout his or her daily life and defining the relationship of the individual to the environment and other individuals. The specific components of culture are difficult to pinpoint. It is made up of language, experiences, traditions, knowledge, and many other discrete elements that do not allow for easy categorization. Major cultural underpinnings, such as experience and knowledge regarding family or community, may be encapsulated as "values" that vary from culture to culture.

Some health researchers have described Latinos as an "epidemiological paradox" because, despite higher levels of poverty, lower levels of education, and lack of access to health care relative to the rest of the U.S. population, Latinos as a group have relatively good health status in some health indicators. This health paradox, attributable to behavioral norms linked to Latino cultural identity, seems to also hold true for crime and violence in some studies; age-adjusted death rates for weapon-related deaths are lower among Latinos than African Americans, and Latinos have lower drug-related death rates than African Americans or Whites.[36]

As Latinos are exposed to U.S. communities, however, some of these health indicators have been shown to deteriorate. Declining school achievement has been observed in longitudinal studies of immigrant families in the United States. The last census showed that for all Latino subgroups, third-generation children were more likely to live in a single-parent household than were first- or second-generation children.[17] According to other researchers, the favorable health of Latinos begins to wane as they assimilate and adopt a cultural orientation that is dependent on wealth, income, and the ability to obtain health care.[38 39]

However, in light of the gaps in health and social surveillance systems for Latinos as a whole and among the different subgroups, both researchers and practitioners urge caution in the interpretation and use of such data to drive program design and interpret the role of culture as a mediating force.[21 23 24 37]

Violence Prevention: Risk, Resiliency, and Protective Factors

Studies are beginning to examine the role of culture in promoting resilience for ethnic youth and providing a protective mechanism against violence.[7 22 24] Cultural values may also serve as a protective factor on risk behaviors other than violence, such as substance abuse.[35] Helping Latino and other ethnic youth develop a positive attitude toward their own cultures and improve their interactions with people of other races and ethnicities may also be protective against violence.[7 22 40 41]

Latinos must negotiate three cultural domains: (1) the indigenous ethnic culture and the cultural values from their original homeland, (2) the elements of racial, ethnic, and linguistic status, and (3) the new (and perhaps unfamiliar) values of the mainstream culture. Clashes among any of these domains can affect a youth's development and result in continual conflicts with social institutions, such as education, health care, social services, and the workplace.[7 22 24 41 42]

Core Cultural Values Across Latino Communities

Research on the cultural characteristics of Latinos points to a core set of values shared by the group, regardless of subculture (or subgroup) membership, income level, or extent of acculturation: *familismo*, *collectivismo*, *respeto*, and *personalismo*. Ongoing studies of delinquent Latino youth suggest that there are both protective and risk-enhancing dimensions to these values, which must be considered when developing violence prevention initiatives for Latino youth, families, and communities.[22 24]

Familismo

The Latino family, both nuclear and extended, has been called the "great untapped resource" by both health practitioners and researchers.[43] It differs from the Anglo American conception of "family," where the distinction between the immediate and extended family is more clearly drawn. The Latino family is a support system for all members, providing emotional and material support and behavioral referents. The culture traditionally values maintaining good relations with family members, caring for infirm relatives, and placing family needs above individual needs. *Familismo* has been suggested as a protective factor that helps U.S. Latinos reduce their risk for such health hazards as HIV infection and cancer caused by tobacco use.[3]

Though *familismo* may keep U.S. Latino youth from being unduly influenced by delinquent youth groups, such as gangs, it may also serve as a risk factor that draws them to such groups. In families where there is instability or dysfunction, gangs and delinquent groups can serve as surrogate families.[24]

Programs like Avance, one of the first comprehensive community-based family support and education programs for

Avance can be seen as a solution to the rising juvenile crime and delinquency problem. I strongly believe that the behaviors youth exhibit are only symptoms of a society that did not support its families. Too many low-income, high-risk Hispanic/Latino parents have not received the necessary assistance to give them the capacity to raise the next generation. The gang problems that have exploded in major cities throughout the country during the last few years are to a large extent related to the inadequacy of institutions in designing programs to help families. Many of the parents do not know English, are illiterate, lack a high school education and salable job skills, lack health insurance, and face poor housing. These parents are finding it very difficult to provide for their children.

***Gloria Rodríguez, Ph.D., President and CEO, Avance, Inc.*[44]**

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Latinos in the United States, fully use and channel the potential power of strengthened families, which are seen as the key to a strong and safe community. Aunts and uncles, grandparents, cousins, godparents, and even family friends all have a role to play in reinforcing family values and socializing children. Avance's approach to social and educational problems among low-income Latinos is to develop programs that place families at the core: beginning at home, reaching the children through their parents (first the mother, then the father) when the children are very young (birth to age three), and locating the program in the children's neighborhood. Avance has strengthened enough families through parent support and education to have "created the critical mass of empowered families needed to change the quality of their micro-environment."[44]

Colectivismo

Latino concepts of family extend to their view of community, their role in the community, and their preference to belong to and work in groups. Latino communities tend to be tightly knit.[3] Members of the community rely on and interact with one another in much the same way that Anglo Americans regard their extended families.

Research literature on Latino students, especially Mexican Americans, suggests that these youth thrive when cooperation with other students is allowed, especially in goal-setting activities.[45] Gang and youth violence prevention and intervention programs, such as Barrios Unidos, recognize the potential strength of the cooperative/collectivist ethos among Latino youth and the power of a positive peer group in working toward a peaceful neighborhood. Barrios Unidos provides opportunities for many out-of-school, gang-involved youth (most of whom are Mexican American, with a growing number of Salvadorans and other Central Americans) to participate in setting community goals, training these youth to be grassroots organizers and violence prevention educators in their communities. Barrios Unidos has also collaborated with the California Board of Education to create the Cesar Chavez School for Social Change, an alternative high school in which incoming students are viewed as leaders who have a collective and personal responsibility to the school, their families, the larger community, and other Latino youth. The Barrios Unidos approach to community health promotion, education, employment, and leadership contrasts with other more prevalent approaches that are often developed in isolation from peers and in more individualistic or competitive settings.

> **Being a good leader is doing what you say, setting a good example for your peers and community, being a good person. A leader serves the community, goes to court hearings, interviews with college programs, does 20 community hours a month, serves on the student council, stays after school every week, goes with other students to AA or NA meetings, and prevents violence. Our site coordinators run the Kids Clubs, run parents' nights, and do home visits to help parents with parenting and violence prevention. Our site coordinators are 22–23 years old.**
>
> ***Melissa Cortés,***
> ***Barrios Unidos Leader and***
> ***Cesar Chavez***
> ***student, 16 years old*** [46]

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Respeto

The value of *respeto* places great social worth and bestows ultimate decision-making power on authority figures (such as parents, elders, civic leaders, teachers, and law enforcement and other government officials). Although not directly studied in its relationship to violence, this value, like the others, can be either a resiliency or risk factor, as *respeto* can be conferred onto positive or negative leaders.

The turbulent period of adolescence can be especially difficult for Latino parents, particularly for those who have recently arrived and who are less assimilated, because of the language and institutional barriers that limit access and often make parents dependent on their own children to intervene on their behalf. This role reversal, placing children in positions of power and in the role of interpreters of the "American world," has a devastating, disorganizing, long-lasting impact on Latino families.[42]

The Concerned Parents National Demonstration Project, designed as a primary prevention effort in eight demonstration sites, explicitly draws on *respeto*, mutual aid, self-help, and the concept of *la familia* (the family) to reach Mexican American, Puerto Rican, Cuban, and Central and South American populations. The project uses a community-wide parent- and family-oriented (as opposed to provider-oriented) model that stresses volunteer action. The project's premise is that the most effective means of preventing the onset of adolescent problem behaviors is to strengthen families by supporting parents as natural family leaders. From the combined experience of the demonstration sites, the project has also developed the *Strengthening Families* curriculum, culturally relevant and useful parent education guidelines for Latino communities in the United States. The curriculum uses the concept of mutual respect (an adaptation of *respeto*) to help bridge the conflict between "traditional" and "modern" ways of parenting. Although Latino parents share the common cultural value of *respeto*, it generally applies to adults, especially to elders. Thus, the curriculum stresses the idea that relationships with children and teenagers should also be based on respect for their ideas, their contributions, and, simply, their human worth.

Personalismo

Latino culture places great value on interpersonal relationships, considering them more important than status or material gain. Health researchers have noted that Latinos traditionally turn to their families and communities for help and advice. They prefer to deal with health problems by consulting those with whom they have personal relationships developed over time, people who know their life situations and problems and who "are perceived by the seeker of care to have a genuine interest in the total person. This element of *personalismo* is important to Hispanic patients."[3]

However, these interpersonal relationships have potentially negative effects as they may "function to pre-empt Hispanics from seeking professional care from institutions that have not served them well and are not trusted."[3] The comparatively distant, impersonal nature of U.S. health care institutions is a frequent barrier to

Latino preventive health care. In seeking to counteract this relative lack of *personalismo*, La Mariposa Community Health Center in Nogales, Arizona, works with *promotoras de salud* (women from the community trained as health promoters) to bridge the gap between Latinos and the U.S. medical community. With support from the Arizona Department of Health and Human Services and MCH, the *promotoras* provide health education, referral to needed services, and patient advocacy with a holistic, family-centered approach, translating language, medical concepts, and terminology for their patients. The *promotoras* reach clients in nontraditional locations—homes, laundromats, factories, churches, and shopping malls—via nontraditional *pláticas* (health chats). Clinic services include a Teen Talk line, where Latino adolescents can obtain support, assistance, and counseling on a variety of health issues, including violence prevention.

DEVELOPING EFFECTIVE VIOLENCE PREVENTION PROGRAMS FOR LATINO YOUTH

MCH professionals need to consider an approach to Latino violence prevention that includes elements that are general to all youth and to Latinos as a whole, and elements that are specific to the history, needs, and strengths of the particular Latino youth subgroups being served. Programs can incorporate the unique circumstances of Latino youth, communities, and families, capitalizing on the strengths of their culture while addressing the particular challenges they face.

Serve the Range of Latino Populations

There is no such thing as a generic Latino youth. When designing a violence prevention program, varying levels of Spanish language usage, different cultural traditions and values, perceived and actual patterns of discrimination, degrees of political organization, and social and economic dislocation among Latino subgroups must be considered. Overlooking these antecedents leads to ineffective and wasted prevention efforts, stereotypical descriptions, and inadvertent neglect of the needs of a particular subgroup. Preventive and remedial intervention services need to include all Latino adolescents and their families, including migrants, parents who work nontraditional shifts, and family members, regardless of whether they are U.S. citizens.

Address Risk Factors of Special Concern to Latino Youth

School-Based Programs: Latino youth violence prevention and intervention programs need to address factors that can increase school retention and enrich the school experience. School-based health centers offer unique opportunities to reach Latino youth, addressing the health-compromising consequences of violence while providing needed health services. Other school-based efforts include Aspira's Florida program that uses school-based clubs to teach gang and violence prevention education, leadership skills, cultural pride, and community service alongside an academic enrichment curriculum, including the development of full-service schools for Latino youth. Aspira's health education work in Florida is aided by an extensive

> **Since the environmental, vehicle, and host risk factors for Latino violent injuries are complex and multifaceted, multiple points where preventive efforts could be applied need to be identified.**
>
> ***Michael A. Rodriguez, MD, and Claire D. Brindis, DrPH [7]***

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network of clinics and other medical facilities linked to the Miami health and mental health centers where Spanish is routinely spoken.

Out-of-School Programs: Community-based alternative education and community service organizations are important sites for program delivery. These agencies can assist in developing culturally sensitive violence prevention approaches to reach youth who have dropped out of school. Street outreach and peer recruitment efforts are also important as a means of reaching out-of-school, highly mobile, high-risk youth who are not involved with community-based organizations. Job training programs and work sites are other potential partners in violence prevention initiatives, as many Latino youth leave school in order to work.

School-Age Youth as Agents of Change: Students and peers can be important partners in school and community efforts to both reduce violence and increase school performance and retention among Latino youth. Believing that educated Latino youth have the greatest contributions to make to their communities, the National Hispanic Institute trains Latino students in 24 States in the areas of college preparation, communication, community service, public speaking, networking, and critical/analytical thinking, equipping these young leaders with the tools they need to address the health, social, cultural, and economic challenges facing their communities. Parents are also heavily involved in family development training, college preparation, and cultural/historical awareness activities.

Understand Biculturality and the Particular Situations Encountered by Latino Youth

Prevention approaches for Latino adolescents appear to work best when they take into account the level of cultural integration or biculturality of the adolescents targeted. An understanding of the kinds of social situations faced by Latino adolescents, whether these situations present conflict and, if so, the nature of those conflicts, and what skills and/or supports are needed to maintain healthy social functioning is critical for program development.[47] Adult mentoring, rites of passage, proactive socialization, and the promotion of bicultural competence are some of the youth development strategies employed by violence prevention programs currently being evaluated by the CDC.[40,41]

Incorporate What Works in Health Promotion for Latino Adolescents

Research has shown that family-focused and peer-based health promotion programs are the most successful way to address adolescent health issues in Latino communities.[1]

Another critical element is the presence of bilingual and bicultural staff, as indicated by a national survey of adolescent pregnancy prevention programs.[48] Studies indicate that the quality of care afforded to Spanish-speaking patients and their willingness to comply with treatment is improved by having a health care provider that both speaks their language and understands their culture. For Spanish-speaking Latinos, having a doctor who speaks their language is good for their health.[49]

Include Latino Community Voices/ Informants from the Start

A carefully selected and representative community advisory board comprised of a good cross section of the Latino community can be an invaluable ally and can provide information not readily available to MCH practitioners. As local intermediaries, the advisory board members understand the context in which the intervention is carried out and can inform MCH practitioners about the unique aspects of Latino populations, the kinds of situations faced by Latino youth, cultural considerations, and existing community institutions.

Setting a National Agenda for Latino Children

The National Children's Agenda is a statement of principles and goals that are essential for the healthy and complete development of Latino children. Administered by the National Latino Children's Institute (NLCI), the Agenda was developed through public forums and focus groups held in communities and at national education and human services conferences across the United States.

Forum and focus group participants reported a number of common barriers to the healthy development of Latino children, adolescents, and families:

- **insufficient bilingual multicultural health care providers**
- **absence of school services for non-English speaking families in some school systems**
- **lack of culturally and linguistically relevant materials for all types of programs**
- **inability of health and social services to keep up with the recent demographic surge in the Latino communities**

The hundreds of recorded testimonials are being documented in six ethnographic reports.

NLCI has also put together a *Community Action Kit* to aid in community mobilization efforts, providing detailed information about how to organize a focus group and how to hold a community forum. A *Community Checklist* that can be used as a guideline for assessing the community is also available. It includes a list of indicators (health, education, activities for children and youth, economic development, the local media, political representation, and accountability) to ensure that communities are responding to the needs of Latino children and their families.

Adapted from National Latino Children's Institute. "Implementing the agenda locally." El Futuro. November 1995 and Winter 1997.

Address the Risk and Causal Factors that Affect the Broader Latino Community

Ethnic, racial, and class disparities among Latino adolescents appear to mirror those encountered by the adults and children in the Latino community. Adolescent prevention programs must aim to alter the more general risk and causal factors in high-risk communities, conditions that may place older neighbors, parents, and younger children as well as adolescents at risk for involvement in violence.[21]

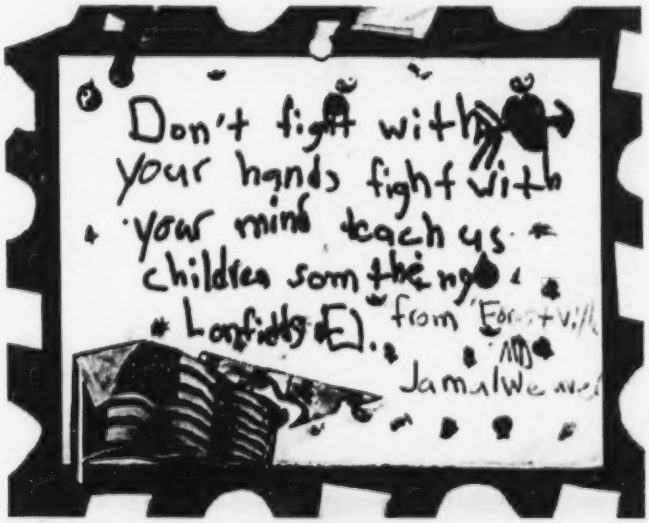
Milagros

Milagros **(the Spanish word for "miracles") have been used for centuries to ask for wishes, special intervention, and good fortune throughout Latin America. They are small objects made from bone, tin, wood, silver, gold, or other materials and hung on the walls of churches.**

In the United States, Milagro Projects (carried out by health departments, local clinics, Boys and Girls Clubs, child care centers, schools, churches, children's museums, and city governments) have been conducted as a means of creating change and highlighting special concerns in Latino communities across the country, such as unsafe playgrounds and other community concerns. Made from paper, fabric scraps, buttons, and ribbons, the *milagros* pictured in this resource guide express the wishes of Latino children and adolescents for a violence-free society.

Milagro Projects are a National Latino Children's Institute (NLCI) initiative to document the salient needs of communities while encouraging families, youth, and other community participants to become involved with government, health, education, social service, and other institutions.

Adapted from *Milagros: Words for the Future. Starting a Milagro Project in Your Community.* National Latino Children's Institute.



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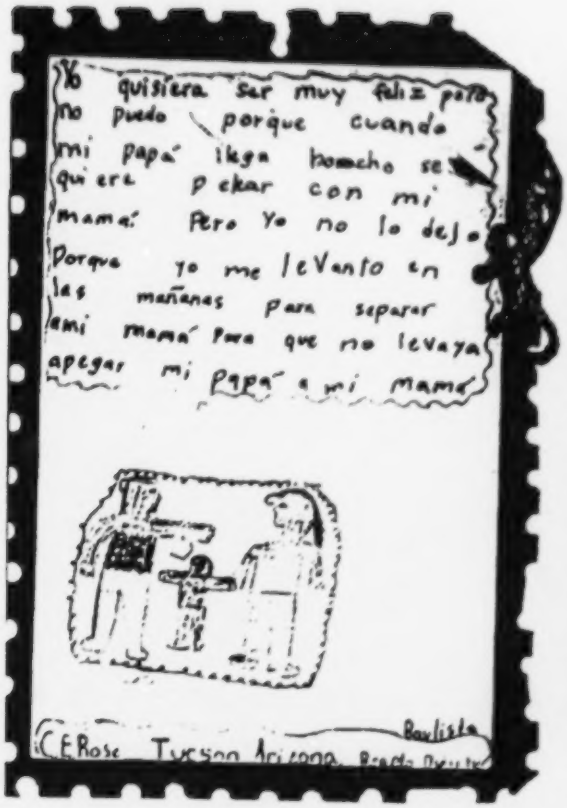
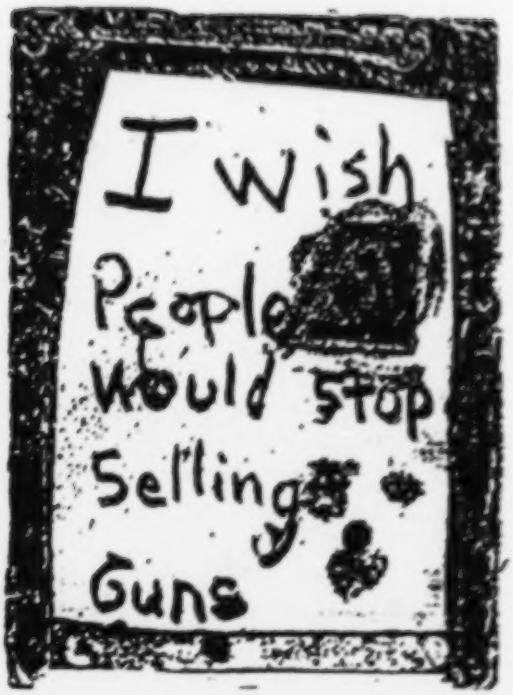

Yo quisiera ser muy feliz pero
no puedo porque cuando
mi papá ikga borracho se
quiere pekar con mi
mamá Pero Yo no lo dejo
Porque yo me levanto en
las mañanas para separar
ami mamá Para que no levaya
apegar mi papá a mi mamá
C.E.Rose Tucson Arizona



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THE ROLE OF MCH AND OTHER PUBLIC HEALTH PROFESSIONALS

State and local public health professionals, especially those who work with MCH populations, have many opportunities to address the violence prevention and intervention needs of Latino youth.

Include Latinos When Planning Violence Prevention Programs

Include Latino adolescents and their families as an explicit and distinct target population to be served within general adolescent violence prevention programs.

- Include goals and objectives for reaching and reducing violence among Latinos and specific Latino subgroups in the strategic plans for violence prevention programs.
- Work with other health and social service organizations and groups that serve Latino children and families to help develop broad, multi-sectoral initiatives. These groups can also assist in recruiting bilingual, bicultural staff.

Enhance MCH Capacity to Serve the Latino Population

- Training programs and professional development opportunities can enhance capacity to serve Latinos by increasing knowledge about Latino health needs, culture-based aspects of prevention, and cultural competence. Language training for MCH providers is also an important investment.
- There are few Latino health providers in proportion to their representation in the population. Applied research, service, and lay training programs to increase the number of Latinos who work in the field of maternal and child health, public health, and violence prevention can be vigorously encouraged. Public health training programs can also increase their commitment to the representation of culturally and linguistically diverse faculty and participants.

Address Latino Data Issues

- MCH and other public health agencies that collect national, regional, and state data on violence can ensure adequate numbers of Latinos in their surveys and epidemiological studies to provide needed information on adult and youth violence among Latinos.

- Oversampling can be used to include the heterogeneity of the Latino population.

- State health departments can continue to advocate for the inclusion of Latino and Latino subgroup identifiers in all vital statistics so that the remaining health data systems can both generate adequate data for Latinos as a group and allow for analysis by major Latino subgroup. Whenever possible, reporting and dissemination of the findings should include breakdowns by specific subgroups.

Promote Culturally Sensitive Data Collection Instruments, Methods, and Designs

Data collection instruments and research methods should reflect the culture of Latinos, taking into account group-specific attitudes, perceptions, expectations, norms and values, and necessary linguistic adaptations. A middle school violence prevention initiative for Hispanic children in Texas, for example, used intervention mapping methods that integrated theory, empirical findings from the literature, and data collected from interviews with the target population in the development of a parent education intervention to increase parental monitoring. *Padres Trabajando Por La Paz* (Parents Working for Peace) "depended on the production of role-model stories depicting the experience of the target population in monitoring their eighth grade students. The stories retained the Spanish language of the parents interviewed and reflected experiences specific to the culture, neighborhood, and developmental stage of parents and their children."[30]

By involving Latinos and Latino subgroups in the design, implementation, analysis, and dissemination of data, MCH professionals can reach a broader audience. It also increases the likelihood that the data will be used to inform and improve the development of violence prevention programs for Latinos.

Overcome Language and Cultural Barriers

Materials for the Latino community must be developed with the target audience in mind because translation alone is often not enough. The value systems and cultural traditions of a community and a grasp of what violence and violence prevention means for Latinos are intrinsic to the family's and adolescent's thinking on the subject and must be considered when developing violence prevention messages and campaigns.

Also, there are few materials and resources on adolescent violence prevention available in languages other than English. MCH practitioners can involve adult and youth community members in the development of Spanish language violence prevention materials for the Latino community.

Collaborate for Comprehensive and Culturally Competent Solutions

As stated in *Healthy People 2000*, "prevention programs for minorities are most effective if developed for and with the community," which is particularly true for Latinos.[51] The network of several hundred Latino health and human service community-based organizations is the most important Latino organizational infrastructure across the country.[3] These organizations operate in virtually every Latino population center and are one of the most credible resources and partners available to MCH providers. Grounded in the neighborhoods they serve, Latino community-based organizations can "feel the pulse" of their constituents and are key partners in the effort to build healthy communities.

Collaborations can make the most of available resources, avoid duplication of services, and assist in the development of a comprehensive violence prevention initiative that bridges the many domains an adolescent encounters in day-to-day activities (e.g., home, school, community, media, and peers).

The affected community residents, youth, and local organizations are our biggest assets. Whether located in urban, suburban, or rural areas, the community should not be viewed as the patient but as a source of activists for reducing levels of interpersonal violence among youth.

Anthony Borbón, Associate Director,
Violence Prevention Coalition of Greater Los Angeles,
Los Angeles County Department of Health [52]

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Work with Community-Based Organizations at the Local Level

Allow community priorities to guide program development:

- Involve community-based organizations at the outset in the design and implementation of prevention programs, allowing community governance of programs, making available culturally and linguistically competent services and providers, and demonstrating institutional commitment to ongoing partnership through shared funds and resources.

- Include services and programs designed specifically for foreign-born residents, such as churches, temples, mutual aid societies, and businesses that largely cater to immigrants, who are important partners and distribution points for health education on immigrants' risk of homicide in the United States.

Focus Attention on Emerging Populations

MCH professionals can convene conferences, working groups, and task forces on youth violence among U.S.-born and immigrant Latinos and other emerging populations. An example of one such MCH initiative, focusing on both provider and community education, is a series of forums organized by a broad task force of MCH community-based immigrant and ethnic service providers. Convened by Region II (comprising the States of New York and New Jersey, the U.S. Virgin Islands, and Puerto Rico), *Adolescent Violence Prevention for Minority and Immigrant Communities* forums are held in high-homicide neighborhoods with newly arrived populations and/or underserved communities throughout New York City. The forums address program needs, broader risk and causal factors, and policy issues identified by the residents and participants.

Recognize Avenues for MCH Policy Action

The MCH community can play an important role in helping to identify and incorporate Latino-specific violence prevention concerns and experiences while also ensuring that Latinos as a group are involved in determining a broad violence prevention and public health policy. With the tendency toward developing state-level health, poverty, and education policy, MCH and public health professionals can contribute to both short-term and long-term policy action that addresses the capacity of Latino individuals, families, and communities to attain safety, health, and well-being, in various ways:

- Incorporate a working knowledge of what violence and violence prevention mean for Latinos, recognizing both the differences and commonalties among Latino subgroups.

- Design policies from the family perspective.
- Target neighborhoods and communities as the focal points of policy intervention.
- Recognize the impact of immigration and language policies on the health, well-being, and security of Latino children, families, and communities.
- Advocate for the systematic and accurate collection of knowledge and health data about Latinos, and its integration into the routine information available to policymakers and providers.
- Establish a task force on Latino youth violence prevention among MCH and allied public and mental health providers, educational systems, criminal justice and social services networks, Latino advocates, organizations and researchers, youth leaders, victims, and other interested persons with a view toward coordinating their findings, addressing specific Latino issues, and developing a more inclusive violence prevention (policy) agenda.
- Strengthen ongoing efforts to foster social change by working with local and national Latino communities and organizations to address the contributing factors of poverty, low educational attainment, availability of alcohol and other drugs, access to weapons, insufficient access to health care, discrimination, and social isolation.

SELECTED LATINO ORGANIZATIONS

The more established model programs cited in this resource guide are working to address the problem of Latino youth violence in a variety of settings. Informed by different disciplinary perspectives, they employ a range of prevention approaches and deal with many risk factors that affect the community. These violence prevention initiatives are embedded within larger health, community, education, and/or parenting development efforts.

These programs can guide future efforts and provide insights into culturally relevant programming for Latinos and other ethnic groups. Using available regional, local, and subgroup quantitative and qualitative data to inform program design, implementation, and evaluation, the initiatives actively engage the Latino communities, utilizing cultural attributes and protective factors/mechanisms in designing prevention and evaluation research strategies.

Violence Prevention Initiatives Working with Latino Youth

ASPIRA National Office
1444 I Street, NW, 8th Floor
Washington, DC 20005
Tel: (202) 835-3600
Fax: (202) 835-3613
E-mail: aspira1@aol.com
www.aspira.org

ASPIRA of Florida, Inc.
Contact: Ruth Bland
3650 N. Miami Avenue
Miami, FL 33137
Tel: (305) 576-8494
Fax: (305) 576-0810
www.aspira.org/Florida.html

Avance, Inc
Contact: Gloria G. Rodriguez
301 S. Frio Street, Suite 380
San Antonio, TX 78207-4425
Tel: (210) 270-4630
Fax: (210) 270-4612
www.avance.org

Barrios Unidos
Contact: Daniel Nane Alejandrez
313 Front Street
Santa Cruz, CA 95060
Tel: (831) 457-8208
Fax: (831) 423-5922
E-mail: Barrios@cruzio.com
www.mercado.com/juventud/barrios/barrios.htm

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)
Strengthening Families Curriculum
Contact: Nadia Schomer
1501 16th Street, NW
Washington DC 20036
Tel: (202) 797-4337
Fax: (202) 797-4353
E-mail: nschomer@cossmho.org
www.cossmho.org

National Hispanic Institute
P.O. Box 220
Maxwell, TX 78656-0220
Tel: (512) 357-6137
Fax: (512) 357-2206
E-mail: callnhi@aol.com
www.xnetworks.com/

Platicamos Salud, Mariposa Community Health Center
Contact: Maria Elia Gomez-Murphy
3241 N. Grand Avenue
Nogales, AZ 85621
Tel: (520) 281-2860
E-mail: psalud@dakotacom.net

National Latino Organizations

ASPIRA National Health Careers Program
1444 I Street, NW, Suite 800
Washington, DC 20005
Tel: (202) 835-3600
Fax: (202) 835-3613

Cuban American National Council, Inc.
300 SW 12th Avenue
Miami, FL 33130-2038
Tel: (305) 642-3484
Fax: (305) 642-7463
www.cnc.org

Hispanic Association of Colleges and Universities
4204 Gardendale Street, Suite 216
San Antonio, TX 78229
Tel: (210) 692-3805
Fax: (210) 692-0823
www.hacu2000.org

Interamerican College of Physicians & Surgeons
1712 I Street, NW, Suite 200
Washington, DC 20006
Tel: (202) 467-4756
Fax: (202) 467-4755
www.icps.org

League of United Latin American Citizens (LULAC)
State National Plaza
1809 Hillside
West Delmains, IA 50265
Tel: (515) 225-6865
Fax: (515) 261-7270

MANA National Latina Organization
1725 K Street, NW
Washington, DC 20036
Tel: (202) 833-0060
Fax: (202) 496-0588

National Association of Hispanic Nurses, Inc. (NAHN)
c/o COSSMHO
15011 6th Street, NW
Washington, DC 20036
Tel: (202) 387-2477
Fax: (202) 797-4353
www.incacorp.com/NAHN

National Association of Hispanic-Serving Health Professions Schools
1130 Connecticut Avenue, NW
Suite 1201
Washington, DC 20036
Tel: (202) 887-1986
Fax: (202) 887-1968

National Association of Latino Elected and Appointed Officials (NALEO)
3409 Garnet Street
Los Angeles, CA 90023
Tel: (213) 262-8503
Fax: (213) 262-9823

National Coalition of Hispanic Health and Human Services (COSSMHO)
1501 Sixteenth Street, NW
Washington DC 20036
Tel: (202) 387-5000
Fax: (202) 797-4353
www.cossmho.org

National Conference On Puerto Rican Women (NACOPRW)
5 Thomas Circle
Washington, DC 20005
Tel: (202) 387-4716
Fax: (305) 885-6558

National Council of La Raza (NCLR)
1111 19th Street, NW, Suite 1000
Washington, DC 20036
Tel: (202) 785-1670
Fax: (202) 776-1792
www.NCLR.org

National Latino/a Research Center
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-8130
Tel: (619) 594-3640
Fax: (619) 594-4570
nlrc@mail.sdsu.edu
www-rohan.sdsu.edu/dept/nlrc/

National Latino Childrens Institute
1412 West Sixth Street
Austin, TX 78703-5059
Tel: (512) 472-9971
Fax: (512) 472-5845
ncla@inetport.com
www.nlci.org

National League of Cuban American Community-Based Centers
2913 S Calhoun Street
Fort Wayne, IN 46807
Tel: (219) 745-5421
Fax: (219) 744-1363

National Puerto Rican Coalition
1700 K Street, NW, Suite 500
Washington, DC 20006
Tel: (202) 223-3915
Fax: (202) 429-2223
www.incacorp.com/NPRC

National Puerto Rican Forum
31 East 32nd Street, 4th floor
New York, NY 10016-5536
Tel: (212) 685-2311
Fax: (212) 689-5034 (am)
Fax: (212) 685-2349 (pm)

Organización Nacional de la Salud de la Mujer Latina
National Latina Health Organization
P.O. Box 7567
Oakland, CA 94601
Tel: (510) 534-1362
Fax: (510) 534-1364

Pan American Health Organization (PAHO)
525 23rd Street, NW
Washington, DC 20037
Tel: (202) 974-3000
Fax: (202) 974-3663
www.paho.org

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